

Parks and Recreation

3500 South Rural Road, Tempe, AZ 85282



Fall Instructional Baseball Camp

4th - 12th grade



- Five Saturdays of intense baseball camp activity, October 7-November 4.
- Held at Kiwanis Park Ballfields. Select the best time for you: 8-10 AM or 10 AM-12 PM
- Former major league players will provide expert baseball instruction.
- Program culminates in a "Triple Threat" Contest that will score each participant's hitting, fielding, throwing, and base running skills.
- Every participant will receive a camp T-shirt.

A GREAT PROGRAM AT AN AFFORDABLE FEE!

\$50 -- Includes top quality instruction, camp T-shirt, and a "Triple Threat" Contest.

CAMP INSTRUCTORS INCLUDE:

Rick Peters - Oakland A's, Lou Klimchuck - Cleveland Indians, Leon Brown - New York Mets, Kevin Kobel - Milwaukee Brewers, Byron Browne - Philadelphia Phillies, Ken Rudolph - Chicago Cubs, Jim Umbarger - Texas Rangers, Cisco Carlos - Chicago White Sox

Fall Baseball Camp Registration Form

Fall 2000

| | | | |
|-------------------------|---------------------|------------------|------------------|
| Participant Name: _____ | Date of Birth _____ | Grade _____ | School _____ |
| Address: _____ | APT # _____ | City _____ | Zip _____ |
| Phone: Eve _____ | Day _____ | Additional _____ | Additional _____ |

**Registration Code
(CIRCLE ONE)**

| Grade | 8-10 AM | 10 AM-12 PM |
|-------|---------|-------------|
| 4-6 | 8BBC4 | 10BBC4 |
| 7-9 | 8BBC7 | 10BBC7 |
| 10-12 | 8BBC10 | 10BBC10 |



Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.

I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation _____

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

REQUIRED: Parent or Legal Guardian Signature AND Printed Name _____ Date _____

Fee: \$ _____ Credit Card Number _____ -- -- -- Exp. Date: _____

Enclosed Check # _____ OR Signature Authorizing Charge to above number _____